

**- CONFIDENTIAL -**

MEMORANDUM

TO: Reasonable Accommodation Coordinator  
Administrative Services Division

THRU: Division Chief: \_\_\_\_\_

THRU: Supervisor: \_\_\_\_\_

FROM: Employee: \_\_\_\_\_

DATE: \_\_\_\_\_

SUBJECT: REQUEST FOR REASONABLE ACCOMMODATION

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I would like to request reasonable accommodation. This request is based on my impairment which I believe qualifies me as a person with a disability under the Americans with Disabilities Act (ADA).

The limitation caused by my impairment is described as follows: \_\_\_\_\_

\_\_\_\_\_

The type of accommodations needed (if known) are described as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If my limitation is not obvious, I will supply you with a signed statement on official letterhead (a prescription form may be sufficient, depending on the complexity of the limitation) from a licensed medical professional in a field relevant to my disability who has personal knowledge of my disability. This statement will describe the recommendation for accommodation pursuant to my duty statement identifying my essential job functions.

I understand that this memo is a tool for starting the reasonable accommodation process and that if I do have any questions about the process or my qualification as a person with a disability under the ADA, I can contact the Reasonable Accommodation Coordinator at (916) 323-4916.

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Employee's Signature